

MEMORANDUM

Department of Budget and Finance

To: Barbara McDaniel, Assistant Town Clerk

From: Herb Hyman, CPPB, Procurement Manager

Through: Bill Underwood, Budget and Finance Director

Date: November 6, 2003

Subject: Temporary Personnel Services-Office Staff
Temporary Personnel Services-Field Staff

Staff is requesting that the above referenced items be withdrawn from the November 15, 2006 agenda. These are co-op contracts. Another co-op member has offered to act as lead agency.

TOWN OF DAVIE

TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Herb Hyman/797-1016

SUBJECT: Resolution

AFFECTED DISTRICT: N/A

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING AN EXTENSION TO THE CONTRACTS BETWEEN THE TOWN AND PACESETTER PERSONNEL, A-1-A EMPLOYMENT OF MIAMI, AND TEMPORARY PERSONNEL CONSULTANTS, INC. FOR TEMPORARY FIELD STAFF.

REPORT IN BRIEF: The Town Council awarded contracts to Pacesetter Personnel, A-1-A Employment of Miami, and Temporary Personnel Consultants, Inc. for temporary field personnel on an as needed basis by Resolution R-2004-249. The contract details hourly rates for several different classifications of field workers on an as needed basis. The initial contract period was one (1) year with options to extend the contract for two (2) additional one (1) year terms. The Town acted as lead agency for the SE Florida Cooperative Purchasing Group for this contract. The terms and conditions of the contract allow for an increase in the hourly rates if market conditions change. The attached requests result from CPI increases and State of Florida mandated increases to the minimum hourly wage rate. If approved, the extension would cover the period of November 4, 2006 through November 3, 2007 and would be the last extension available under these contracts. Contracts were extended in 2005 administratively as the Town's policy did not require Council action for extension of contracts at that time. The following is a breakdown of how much money the Town spent with each of the contracted vendors:

Pacesetter 2006-\$0, 2005-\$0

A-1-A Employment 2006-\$0, 2005-\$0

Temporary Personnel Consultants 2006-\$7678.58. 2005-\$2602.80 This represents day laborers at the Davie Arena.

PREVIOUS ACTIONS: R-2004-249

CONCURRENCES: The SE Florida Cooperative Purchasing Group and the vendors all wish to extend the contracts.

FISCAL IMPACT:

Has request been budgeted? yes

If yes, expected cost: dependent on need.

Account Name: operating budget of using departments

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s):

Pacesetter Personnel letter dated July 28, 2006

A-1-A Employment of Miami letter dated August 28, 2006

Temporary Personnel Consultants, Inc. letter dated August 24, 2006

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING AN EXTENSION TO THE CONTRACTS BETWEEN THE TOWN AND PACESETTER PERSONNEL SERVICE, A-1-A EMPLOYMENT OF MIAMI, AND TEMPORARY PERSONNEL CONSULTANTS, INC. FOR TEMPORARY FIELD PERSONNEL.

WHEREAS, the Town Council previously awarded contracts to Pacesetter Personnel Service, A-1-A Employment of Miami, and Temporary Personnel Consultants, Inc. for temporary field personnel on an as needed basis by Resolution R-2004-249; and

WHEREAS, the contract anniversary date is November 3rd; and

WHEREAS, the terms and conditions of the contract allow for a one year extension by mutual agreement of the parties with price adjustments if market conditions change; and

WHEREAS, the Town and the contractor desire to extend the contract through November 3, 2007 with revised pricing as noted.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council approves the one year extension of the contracts with Pacesetter Personnel Service, A-1-A Employment of Miami, and Temporary Personnel Consultants, Inc. for temporary field personnel on an as needed basis with revised pricing as noted through November 3, 2007.

SECTION 2. The Town Council authorizes the expenditure from the operating budgets of the using departments.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2006

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2006



July 28, 2006

Attn: Mr. Herb Hyman
Town of Davie
6591 Orange Drive
Davie, FL. 33314

Mr. Hyman,

Due to the two, state mandated minimum wage increases to \$6.40 per hour, we must ask for an adjustment in our bill rate to cover the additional costs of doing business. Our current bill rate with the Town of Davie is \$8.38 per hour. We would ask for an immediate increase to \$10.33 per hour, to cover our additional costs. Please respond in writing, whether this new rate will be acceptable. We look forward to continuing our long-standing relationship with the Town of Davie in providing qualified temporary labor.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Birenbaum', is written over the typed name.

Mark Birenbaum
VP Sales

**CORPORATE OFFICE**

3050 Biscayne Boulevard
Suite 100
Miami, Florida 33137
Tel.: (305) 573-0333
Fax: (305) 573-0251

BROWARD OFFICE

3174 W. Commercial Boulevard
Tamarac, Florida 33309
Tel.: (954) 733-9533
Fax: (954) 733-1178

www.a1aemployment.com

August 28, 2006

Town of Davie
6591 Orange Drive
Davie, Florida 33314

Reference: Southeast Florida Co-op Purchasing Group

Dear Mr. Hyman:

This letter is to confirm our request to continue with the above reference contract, with the proposed attached price increases.

Thanks for your consideration and we look forward to a successful continued working relationship

Sincerely

Garrie J. Harris
Chief Operating Officer
A1A Employment of Miami
3050 Biscayne Blvd, suite 100
Miami, FL 33137
gharris@a1aemployment.com
Tel (305) 573-0333 (108)
Fax (305) 573-0251

Winners of the United States Department of Commerce, Minority Business development Agency
"2006 MINORITY FEMALE ENTREPRENEUR OF THE YEAR AND 2006 NATIONAL MINORITY SERVICE FIRM
OF YEAR".

New Pricing Temporary service field staff	
Custodian Janitor	\$10.64
Maintenance Workers	\$11.50
Park Aid	\$10.64
Storekeeper	\$10.64
New Pricing Service Office Workers	
Clerks/Receptionist	\$11.79
Secretary	\$11.52
Admin	\$13.02
Legal Secretary	\$15.21
Account clerk	\$13.40
Accountant	\$20.25
Cashier/customer svc rep	\$9.33

The above table belongs to the submittal from
A-1-A Employment



**Temporary Personnel
Consultants Inc.**

August 24, 2006

Attn: Mr. Herb Hyman – CPPB
Procurement Manager
Town of Davie
6591 Orange Drive
Davie, FL 33314

Dear Mr. Hyman:

Thanks for the opportunity to do business with the Southeast Florida Corporation Purchasing Group. We would like to exercise the first one year contract extension, but must ask for a rate increase, because of the January 2006 minimum wage increase (from \$6.15 to \$6.40). The bill rate will be increase from \$9.55 to \$9.92. This increase will cover the payroll as well as all related payroll costs.

If this meets your approval, please notify us in writing at your earliest convenience. Again, thanks for your business as we look forward to continue our long-standing relationship.

Sincerely,

Patrick Williams
C.E.O.

ITEM NO.	ESTIMATED ANNUAL USAGE	DESCRIPTION	ORIGINAL BID	REVISED BID
1	7,000 hours	Custodian/ Janitor	\$ 8.70 /hr	\$ 9.92 / hr
2	25,000 hours	Maintenance Worker	\$ 8.70 /hr	\$ 9.92 /hr
3	2,000 hours	Park Aide	\$ 9.42 /hr	\$10.45/hr
5.	1,000 hours	Storekeeper	\$10.15 /hr	\$10.85/hr

The above table belongs to the submittal from
Temporary Personnel Consultants, Inc.



Florida Profit**TEMPORARY PERSONNEL CONSULTANTS, INC.**

PRINCIPAL ADDRESS
3460 W BROWARD BLVD
FORT LAUDERDALE FL 33312 US
Changed 04/28/2003

MAILING ADDRESS
PO BOX 121504
FT. LAUDERDALE FL 33312 US
Changed 04/13/2005

Document Number
P93000060359

FEI Number
650436597

Date Filed
08/27/1993

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
WILLIAMS, PATRICK 3460 W BROWARD BLVD FORT LAUDERDALE FL 33312
Name Changed: 05/01/1994
Address Changed: 04/28/2003

Officer/Director Detail

Name & Address	Title
WILLIAMS, PATRICK 3460 W BROWARD BLVD FORT LAUDERDALE FL 33312	D

Annual Reports

Report Year	Filed Date
2004	04/29/2004
2005	04/13/2005

2006	04/10/2006
------	------------

[Previous Filing](#)[Return to List](#)[Next Filing](#)

No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

04/10/2006 -- ANNUAL REPORT
04/13/2005 -- ANNUAL REPORT
04/29/2004 -- ANNUAL REPORT
04/28/2003 -- ANN REP/UNIFORM BUS REP
05/06/2002 -- COR - ANN REP/UNIFORM BUS REP
05/14/2001 -- ANN REP/UNIFORM BUS REP
05/01/2000 -- ANN REP/UNIFORM BUS REP
04/22/1999 -- ANNUAL REPORT
05/14/1998 -- ANNUAL REPORT
04/22/1997 -- ANNUAL REPORT
05/01/1996 -- 1996 ANNUAL REPORT

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT



Form W-9
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See specific instructions on page 2.

Name _____

Business name, if different from above
Temporary Personnel Consultants Inc.

Check appropriate box: ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other _____ ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
P.O. Box 121504

City, state, and ZIP code
Fort Lauderdale, FL 33312

Requester's name and address (optional)
**Town of Davie
6591 Orange Drive
Davie, FL 33314**

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--

or

Employer identification number

6	5	0	4	3	6	5	9	7
---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person

Date **10/03/06**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Town of Davie Vendor/Bidder Disclosure

I, Patrick Williams, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Temporary Personnel Consultants Inc
Address: 3460 W. Broward Blvd
Fort Lauderdale FL 33312
65-0436597
FEIN
State and date of incorporation Florida 8/1993

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Patrick Williams</u>	<u>3460 W. Broward Blvd Ft. Laud</u> <u>FL 33312</u>	<u>100%</u>
_____	_____	<u>%</u>
_____	_____	<u>%</u>
_____	_____	<u>%</u>

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

By: [Signature] Date: 10/3/06
Signature of Affiant

Patrick Williams
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 3rd day of
October 2006, by PATRICK WILLIAMS he/she is
personally known to me or has presented _____ as
identification.

[Signature]
Notary Public, State of Florida at Large

Print or Stamp of Notary



Serial Number

My Commission Expires: _____



Florida Profit**PACESETTER, INC.**

PRINCIPAL ADDRESS

7848 S FEDERAL HWY
HYPOLUXO FL 33462
Changed 09/07/1990

MAILING ADDRESS

7848 S FEDERAL HWY
HYPOLUXO FL 33462
Changed 09/07/1990

Document Number
590297

FEI Number
222240792

Date Filed
10/16/1978

State
FL

Status
ACTIVE

Effective Date
10/09/1978

Last Event
REINSTATEMENT

Event Date Filed
09/07/1990

Event Effective Date
NONE

Registered Agent

Name & Address
BERMAN, HARRIS 3560 S. OCEAN BLVD #807 PALM BEACH FL 33480
Name Changed: 03/27/2000
Address Changed: 03/27/2000

Officer/Director Detail

Name & Address	Title
BERMAN, LEO B. 7848 S FEDERAL HYPOLUXO FL	PD
BERMAN HARRIS 7848 S FEDERAL HYPOLUXO FL	D

Annual Reports

Report Year	Filed Date
2004	05/03/2004
2005	02/07/2005
2006	04/18/2006

[Previous Filing](#)[Return to List](#)[Next Filing](#)[View Events](#)

No Name History Information

Document Images

Listed below are the images available for this filing.

04/18/2006 -- ANNUAL REPORT
02/07/2005 -- ANN REP/UNIFORM BUS REP
05/03/2004 -- ANN REP/UNIFORM BUS REP
04/03/2003 -- ANN REP/UNIFORM BUS REP
04/09/2002 -- COR - ANN REP/UNIFORM BUS REP
05/17/2001 -- ANN REP/UNIFORM BUS REP
03/27/2000 -- ANN REP/UNIFORM BUS REP
04/15/1999 -- ANNUAL REPORT
05/11/1998 -- ANNUAL REPORT
02/24/1997 -- ANNUAL REPORT
05/01/1996 -- 1996 ANNUAL REPORT

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

**Town of Davie
Vendor/Bidder Disclosure**

I, Susan Puig, being first duly sworn, state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:

TAMPA SERVICE COMPANY, INC. D/B/A
PAGESETTER PERSONNEL SERVICE

Address:

P.O. BOX 2146
HOUSTON, TX 77252

FEIN

39-3143937

State and date of incorporation

FLORIDA, SEPT. '92

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>KENNETH JOYEL</u>	<u>4615 POST OAK PLACE</u>	<u>100</u> %
	<u>HOUSTON, TX 77027</u>	%
		%
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lender) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

N/A

10/03/2006 15:02 9547971849

By:

Susan Puig
Signature of Affiant

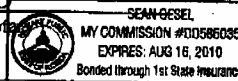
Susan Puig
Print Name

Date: 10-6-06

SUBSCRIBED AND SWORN TO or affirmed before me this 6th day of
October 2006 by Susan Puig he/she is
personally known to me or has presented FL Drivers License as
identification.

Sean Gesel
Notary Public, State of Florida at Large

Sean Gesel
Print or Stamp of Notary



Serial Number

My Commission Expires August 16th 2010

Form W-9
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
TAMPA SERVICE COMPANY, INC.

Business name, if different from above
PACESETTER PERSONNEL SERVICE

Check appropriate box: ☐ Individual ☒ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
P.O. BOX 2146

City, state, and ZIP code
HOUSTON, TX 77252

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a sole proprietor, alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 2. Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
+ + + + +

or

Employer identification number
5931143937**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must press out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person

03-10-4-06

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding.
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For backup tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

**A1A EMPLOYMENT OF MIAMI**3050 BISCAYNE BLVD. STE 100
MIAMI, FL 33137 US**Document Number**
G92366007175**Status**
ACTIVE**Date Filed**
12/31/1992**Expiration Date**
12/31/2007**Current Owners**
000000001**County**
DADE**Total Pages**
000000003**Events Filed**
000000002**FEI Number**
59-1979653View Filing History[Previous on List](#)[Return to Name List](#)[Next on List](#)**Owner Information**

Name & Address	FEI Number	Charter Number
DEANNA ENTERPRISES INC 3050 BISCAYNE BLVD. STE 100 MIAMI, FL 33137 US	59-1979653	655380

Document Images

Listed below are the images available for this filing.

G92366007175 -- No image available
G02999003150 -- 05/01/2002 -- RENEWAL
G97999010435 -- 12/18/1997 -- RENEWAL

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

W-9 Form (Rev. November 2005) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
Name (as shown on your income tax return) Deanna Enterprises Inc. d/b/a AIA Employment		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Address (number, street, and apt. or suite no.) 3050 Biscayne Blvd Suite 100		
City, state, and ZIP code Miami, Florida 33137		
List account numbers here (optional)		
Part I Taxpayer Identification Number (TIN)		
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.		
Social security number		or Employer identification number 19791613
Part II Certification		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and		
3. I am a U.S. person (including a U.S. resident alien).		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)		
Sign Here	Signature of U.S. person	Date Oct 3, 2006
Purpose of Form		
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.		
U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:		
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),		
2. Certify that you are not subject to backup withholding, or		
3. Claim exemption from backup withholding if you are a U.S. exempt payee.		
In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.		
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.		
For federal tax purposes, you are considered a person if you are:		
• An individual who is a citizen or resident of the United States.		
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; or		
• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.		
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.		
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:		
• The U.S. owner of a disregarded entity and not the entity.		

Town of Davie Vendor/Bidder Disclosure

I, GARRIE J. HARRIS being first duly sworn state that: Deanna Enterprise, Inc
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: A1A Employment of Miami
Address: 3050 Biscayne Blvd
Miami, Florida 33137
FEIN: 5965-1979653
State and date of incorporation: Florida

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Veldrin Freeman</u>	<u>3050 Biscayne Blvd</u>	<u>100</u> %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lender) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

By: Hammett
Signature of Affiant
GARRETT J. HARRIS
Print Name

Date: Oct 4, 2006

SUBSCRIBED AND SWORN TO or affirmed before me this 6 day of
October 2006, by _____ he/she is
personally known to me or has presented PERSONALLY as
identification.

Denise Prado
Notary Public, State of Florida at Large

Denise Prado
Print or Stamp of Notary

DD0461600
Serial Number:

My Commission Expires: 8-14-09